APPLICATION DATA SHEET

Application Information

Application Number::

To Be Assigned

Filing Date::

July 23, 2003

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form

(CFR)?::

Number of Copies of CFR::

Title::

ROTATING VEND MECHANISM

Attorney Docket Number::

36781-190617

Request for Early Publication?::

Request for Non-Publication?::

No

No

Suggested Drawing Figure::

1-13

Total Drawing Sheets::

13

Small Entity?::

Yes

Latin Name::

Variety Denomination Name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.::

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship::

United States

Country::

United States

Status::

Full Capacity

Given Name::

RONALD

Middle Name::

D.

Family Name::

HALLIBURTON

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

951 Fern Drive

City of Mailing Address::

Delray Beach

State or Province of Mailing

Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

33483

Florida

Address::

Applicant Authority Type::

Inventor

Primary Citizenship::

United States

Country::

United States

Status::

Full Capacity

Given Name::

Steve

Middle Name::

Family Name::

CORSO

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

303 North M Street

City of Mailing Address::	Lake Worth
State or Province of Mailing Address:: Country of Mailing Address::	Florida
Postal or Zip Code of Mailing Address::	33460
Applicant Authority Type::	Inventor
Primary Citizenship::	÷ ,
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address::	
City of Mailing Address::	
State or Province of Mailing Address:: Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	

Family Name::

Name Suffix::		
City of Residence::		
State or Province of Residence:	:	
Country of Residence::		
Street of Mailing Address::	* .	
City of Mailing Address::		
State or Province of Mailing Address:: Country of Mailing Address::		
Postal or Zip Code of Mailing Address::		•
Correspondence Informatio	n	
Correspondence Customer Number::	26694	
Diseas Number	202-962-4800	

Representative Information

Representative Customer

26694

202-962-8300

jpshannon@venable.com

Number::

Phone Number::

E-Mail Address::

Fax Number::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Non-Provisional of	60/397,608	July 23, 2002
	Continuation of		· · · · · · · · · · · · · · · · · · ·
	Continuation of		
 	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
v			
× × × × × × × × × × × × × × × × × × ×			

Assignee Information

Assignee Name::

BENCHMARK ENTERTAINMENT LC

Street of Mailing Address::

51 Hypoluxo Road

City of Mailing Address::

Hypoluxo

State or Province of Mailing

Florida

Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

33451

Address::